

The Honorable Lauren King

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity  
as President of the United States, et al.,

Defendants.

NO. 2:25-cv-00244-LK

DECLARATION OF STACEY  
PRINCE, PH.D

1 I, STACEY PRINCE, declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make  
3 this declaration based on my personal knowledge.

4 2. I am a licensed clinical psychologist. I received my Ph. D. in clinical psychology  
5 from the University of Washington in 1999. I went into private practice in 2001. I began working  
6 with queer and trans adults almost immediately after beginning my private practice career. At  
7 that time, I worked with a practitioner who was one of the only people in Seattle who provided  
8 services for trans adults. My colleague began mentoring and supervising me in working with  
9 these clients.

10 3. As part of my current practice, I provide both transition and non-transition related  
11 psychotherapy services to trans and queer adult clients, as well as the parents of trans and queer  
12 children and to couples where one partner is transitioning. Working with these clients makes up  
13 about one-third of my practice. In addition to providing individual and couples therapy, I also  
14 provide consultation services for healthcare entities and supervision of people working towards  
15 licensure.

16 4. I practice in Seattle, which I see as a more progressive and accepting place for  
17 transgender people. However, my trans clients come to me having experienced gender dysphoria,  
18 bullying, family rejection, underemployment, and fear of being discovered as transgender. In  
19 addition to these experiences, many of my clients come to therapy with experiences of  
20 depression, anxiety, and post-traumatic stress disorder. As a practitioner, I see these experiences  
21 as stemming largely from external sources of transphobia rather than as an internal distress with  
22 one's gender identity. Access to gender-affirming mental health care and medical care makes an  
23 enormous difference in the lives of my trans clients. It's hard to even summarize how significant  
24 of a difference it makes.

25 5. One experience in particular highlights the need for trans people to have access  
26 to gender-affirming mental and medical health care. I once had a client who started coming to

1 me for therapy when she was around 19 years old. She was a transgender woman, which means  
2 she was assigned a male sex at birth, but her gender identity was female; she was also a woman  
3 of color. She had not received any gender-affirming medical care like hormones or surgery, and  
4 so was constantly trying to “pass” as a woman and fearful of being discovered. When I started  
5 seeing this client, health insurance did not cover gender-affirming surgeries. Any procedure  
6 would have to be paid for out of pocket, and such procedures could cost up to \$30,000.

7 6. Although my client’s mother was generally supportive of their child, her father  
8 was only slowly coming to terms with his child’s identity. My client had also experienced  
9 significant bullying and cyberbullying at school. My client was also constantly afraid of being  
10 discovered. She was chronically suicidal because of these experiences. Her suicidality was  
11 heightened because of her experiences in in-patient psychiatric wards. Because of her suicidal  
12 ideation, my client was hospitalized several times. If my client revealed to hospital staff that she  
13 was transgender, she would be placed on a ward that did not align with her gender identity. If  
14 she didn’t disclose this information and was allowed to be on a ward that did identify with her  
15 gender identity, and was then discovered to be transgender, she was accused of lying or even  
16 engaging in predatory or harassing behavior. This sometimes resulted in my client being placed  
17 in isolation—not because of her behavior, but purely because of her gender identity. This only  
18 exacerbated her despair and suicidal ideation.

19 7. My client had two “rehearsals” of suicide attempts. Bystanders and emergency  
20 responders were able to talk her down those times. But, on her third attempt, my client completed  
21 her suicide attempt and died at a nearby hospital. This is not a unique story. A year after my  
22 client completed suicide, UW started offering insurance for students that would have covered  
23 gender-affirming care. Sadly, it was too late for my client. I believe if my client had access to  
24 gender-affirming care, she might still be alive today. Although this occurred nearly 15 years ago,  
25 I still get emotional when thinking about this client.  
26



1           8. In working with transgender adults, I have worked with people who had access  
2 to gender-affirming care as minors as well as those who are transitioning in adulthood. Having  
3 access to gender-affirming care in childhood 100% helps with adjustment to adult life. Among  
4 my clients who had access to gender-affirming care as children, those clients report increased  
5 happiness, decreased gender dysphoria, and increased access to education, employment, dating,  
6 and exercise. By contrast, some of my trans clients who did not have access to gender-affirming  
7 care in childhood struggle more with transphobia in the workplace and in their families, and have  
8 more difficulty accessing mental health and medical care as adults.

9           9. As part of my practice, I often provide letters of support for adults seeking gender-  
10 affirming surgeries. The WPATH standard of care for receiving gender-affirming surgeries  
11 requires two letters from two mental health professionals, one of whom is the person's therapist.  
12 The intent behind this standard is to ensure that a patient is ready for surgery, that they can handle  
13 the emotional and physical demands of recovery, and that they have social support. I try to make  
14 this process as easy as possible for people whether or not they are my client. If a person seeking  
15 a support letter is not my client, we usually meet once or twice before I write a letter. The only  
16 times I've refused to provide a support letter for an adult seeking gender-affirming surgery is if  
17 someone is in active psychosis or has severe substance abuse problems that need to be stabilized  
18 before surgery. If the person seeking the letter is my client, we've almost certainly discussed  
19 gender-affirming care and surgery in the regular course of our therapeutic relationship. In these  
20 situations, I will write a support letter and refer the client out for their secondary letter.

21           10. Therapists are put in a gatekeeping role that often puts us in a Catch-22. As  
22 discussed above, the WPATH standard of care asks us to consider whether a person seeking  
23 gender-affirming surgery is mentally prepared for surgery. People seeking this care often  
24 experience anxiety, depression, and suicidality that could be seen as a sign that someone is not  
25 prepared for surgery. But frequently these same issues are resolved by receiving gender-  
26

1 affirming surgery. Often such feelings are the result of transphobia rather than being reflective  
2 of internal issues that should be stabilized before and prolong access to surgery.

3 11. In my 24 years of private practice, I have never had a client regret their decision  
4 to transition. As a practitioner, I know that rates of “de-transitioning” are extremely low. The  
5 closest I had was a client who, because of the transphobia they experienced as a person who  
6 transitioned later in life, sometimes expressed feelings that she thought her life might have been  
7 easier if she decided not to transition. But none of my clients have ever expressed internal regret  
8 about deciding to live as who they are.

9 12. I also work with the parents of transgender children. In working with parents, I  
10 direct them towards resources and social support so that they can best support their child in  
11 exploring their gender identity. My approach is to hold space for parents to wrap their heads  
12 around their child’s gender identity, whether their child is a toddler or a legal adult. I do not push  
13 parents to take any particular steps or choices with regards to their children. Rather, I encourage  
14 them to listen to their child about what they need to be happy and well.

15 13. I am aware of the Executive Order putting conditions on gender-affirming care  
16 for youth. Seeing hospitals, even here in Washington State, pause or stop providing gender-  
17 affirming care for youth has been extremely distressing to me as a provider. I understand that  
18 the Executive Order purports to apply to minors, but my 18-year-old clients are affected by the  
19 Executive Order even though they are legal adults. I worry that these clients will immediately  
20 lose access to gender-affirming medical care like hormones, puberty blockers, and surgery.

21 14. I also see the Executive Order profoundly effecting my adult clients. Since the  
22 Executive Order came down, I’ve seen increased suicidality, despair, and anger among my trans  
23 clients and the transgender community as a whole. There has already been news of increased  
24 suicides and murders of transgender people. I worry that this will only continue as people who  
25 are already hateful are emboldened by the rhetoric embodied by the Executive Order.  
26



15. The parents I see are also affected by the Executive Order. Parents of trans children are deeply afraid that their children might not be able to access the medical care they need now or in the future, and what may happen if puberty blockers or hormones are no longer available.

16. Because I am in private practice and do not receive federal funding, I am not immediately concerned about being targeted by the federal government for the care that I provide transgender adults. But I fear that this is only a first step in the federal government also targeting gender-affirming care for adults like my clients. Even beyond this Order, the current political climate is so full of hate towards transgender individuals. I see this in the form of attacks on the use of X gender markers on federal identification and the larger increase in harassment of transgender individuals and those who hold opinions contrary to the federal government. I fear what may happen to me, my business, and my clients if policies like the Executive Order are not stopped.

I declare under penalty of perjury under the laws of the State of Washington and the United States of America that the foregoing is true and correct.

DATED this 17<sup>th</sup> day of February 2025.

  
STACEY PRINCE, PH.D.